## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION AND SECURITIES

PURSUANT TO REGULATION AND SECURITIES SECURITIES PURSUANT TO REGULATION AND SECURITIES SECURITIES PURSUANT TO REGULATION AND SECURITIES SECU SECTION 4(6), AND/OR

SEC	-W6E (	ONLY
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DA	TE RECE	IVED
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UNIFORM LIMITED OFFERING EXEM	PTION L
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Offering of Series A Voting and Series B Nonvoting Common Stock and Series A Voting and Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Tread Corporation	08060774
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
176 East Park Dr., Roanoke, VA 24019	540-982-6881
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business  Manufacture and design of equipment for the explosives industry.	Mail Biacassian
manadate and design or equipment for the explosites incostry.	Section
Type of Business Organization  Corporation Imited partnership, already formed other ( limited partnership, to be formed	please specify): 6EP 12 2006
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 4 0 8 Actual Esti  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	· · · · · · · · · · · · · · · · · ·
GENERAL INSTRUCTIONS	
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	. A notice is deemed filed with the U.S. Securities ellow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new fiting must contain all information requested. Amendments need only report the information requested in Part C, and any material changes from the information previously supported by filed with the SEC.	ort the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State:  This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s  ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the s  are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for  accompany this form. This notice shall be filed in the appropriate states in accordance with state law,  this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
Equipment to till postice in the appropriate states will get a sould be a less of the factor of	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	cemption. Conversely, failure to file the ss such exemption is predictated on the

A BASIC	DENTIFICATION DATA	MERCE IN THE PARTY	
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organized	d within the past five years;		
<ul> <li>Each beneficial owner having the power to vote or dispose, or</li> </ul>		of, 10% or more o	fa class of equity securities of the issuer.
Each executive officer and director of corporate issuers and			
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>			
Check Box(es) that Apply: Promoter Beneficial Owner	er 🔽 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Laud, Paul			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
c/o Laud Collier & Company, LLC, 466 Southern Blvd., Jeffe.	rson Building, Chatham,	NJ 07928	
Check Box(es) that Apply: Promoter Beneficial Owner			General and/or Managing Partner
Full Name (Last name first, if individual)			
Collier, Colby			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
c/o Laud Collier & Company, LLC, 466 Southern Blvd., Jeffer	rson Building, Chatham,	NJ 07928	
Check Box(es) that Apply: Promoter Beneficial Own	er Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			<u> </u>
McClane, William			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
102 Fiddlehead Way, Canton, CT 06018-2247			
Check Box(es) that Apply: Promoter Beneficial Owner	er 🗹 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Uber, Barry			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
106 Crosstree Drive, Hilton Head, SC 29926			
Check Box(es) that Apply: Promoter Beneficial Own	er Executive Officer	Director	<ul><li>General and/or</li><li>Managing Partner</li></ul>
Full Name (Last name first, if individual)			
Morgenthal, Steven			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
c/o Argosy Partners, 950 West Valley Road, Suite 2900, War	yne, PA 19087		
Check Box(es) that Apply: Promoter Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
John Freal			
Business or Residence Address (Number and Street, City, State, Zip	Code)		
c/o Gladstone Investment Corporation, 1521 Westbranch Dr	ive, Suite 200, McLean,	VA 22102	
Check Box(es) that Apply: Promoter Beneficial Owner	er Executive Officer	[ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Terry Brubaker		~~~~	
Business or Residence Address (Number and Street, City, State, Zip			<del></del>
c/o Gladstone Investment Corporation, 1521 Westbranch Dri (Use blank sheet, or copy and u	· · · · · · · · · · · · · · · · · · ·		
(coo orain shoot, or copy and n	or mil !	accessary,	,

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2. Enter the information re	quested for the fol	lowing:			
Each promoter of t	he issuer, if the is:	suer has been organized v	within the past five years;		
Each beneficial ow	ner having the pow	er to vote or dispose, or d	irect the vote or disposition	of, 10% or more o	f a class of equity securities of the issuer
			f corporate general and ma		
		f partnership issuers.			,,
Bach general and the	ianaging partner o	putilership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
R. Thomas Watts					
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
147 Lewis Avenue, Saler	n, VA 24153				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Argosy Capital Group III,	LP				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
c/o Argosy Partners, 950	West Valley Ro	ad, Suite 2900, Wayn	e, PA 19087		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Fult Name (Last name first, i	f individual)				
Gladstone Investment Co	orporation				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
1521 Westbranch Drive,	Suite 200, McLe	an, VA 22102			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		<del> </del>		·
John Frye					
Business or Residence Addre	s (Number and	Street, City, State, Zip C	ode)		
c/o Tread Corporation, 17	76 East Park Dr.	., Roanoke, VA 24019	)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)		,,		
Business or Residence Address	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	(individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		_	···•	
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)	- TV	<u> </u>
	(Use blan	k sheet, or copy and use	additional copies of this s	heet, as necessary)	

	***	产品表			7 3 B. 1	NEORMÁT	ION ABOU	T-OFFER	ngi	100 Maria			1
			- 15 t year					·		-		Yes	No
1.	Has the	issuer sol	d, or does t								*******************		$\square$
2	Whatia	the minim	num investn			Appendix		•				e N/A	١
2.	what is	the minin	ium mycsui	ieni mai v	viii be acce	pied noin	any muivit	Juai:	•••••••	************	***************************************	Yes	No
3.	Does the	e offering	permit join	t ownersh	ip of a sing	gle unit?	****************		•••••			Ø	
4.	commiss If a pers or states	sion or sim on to be lis s, list the na	ilar remune ted is an as	ration for sociated po roker or d	solicitation erson or age ealer. If me	of purchas ent of a bro ore than fiv	ers in conn ker or deale e (5) perso	ection with or registere ns to be lis	sales of se d with the S ted are asso	curities in t SEC and/or	lirectly, any the offering. with a state sons of such		
Ful	-	Last name	first, if ind	ividual)			•						
		Residence	Address (N	lumber an	d Street, C	itv. State. 2	Zip Code)						
Nai	me of Ass	ociated B	roker or De	aler									
Sta	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<del></del>			<del></del>		
	(Check	"All State:	s" or check	individua	l States)							☐ All	States
	IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (I	ast name	first, if ind	ividual)								<del></del>	
Bus	siness or	Residence	: Address ()	Number ar	nd Street, C	City, State,	Zip Code)			<del>*</del>			
Nar	ne of Ass	ociated Br	roker or De	aler							<del></del>		
Sta	tes in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individua	l States)	***************************************	****************					☐ All	States
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (I	ast name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	lity, State,	Zip Code)						, <u>.</u>
Nar	ne of Ass	ociated Br	oker or De	alcr				• -					
Stat	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			" or check							**************	.+1++++++++++++	☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	OK)	HI MS OR WY	ID MO PA PR

## C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OFFROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already

	already exchanged.	Aggregat	ie	Αn	nount Already
	Type of Security	Offering P		7111	Sold
	Debt	s		<b>\$</b>	
	Equity	3,026,13	36.36	<b>s</b> _3	,026,136.36
	Convertible Securities (including warrants)	s 38.70		s <sup>38</sup>	.70
	Partnership Interests				
	Other (Specify)				
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.			<u>"_`</u>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		Number Investor			ollar Amount of Purchases
	Accredited Investors	9		<b>\$_</b>	3,026,175.06
	Non-accredited Investors			<b>s</b> _	
	Total (for filings under Rule 504 only)			<b>s</b> _	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		D	ollar Amount Sold
	Rule 505			<b>s</b> _	
	Regulation A			\$_	
	Rule 504			<b>s</b> _	
	Total			<b>s</b> _	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			<b>s</b>	
	Printing and Engraving Costs			<b>s</b>	
	Legal Fees			<b>s</b>	225,000.00
	Accounting Fees			s	
	Engineering Fees	*********		s	
	Sales Commissions (specify finders' fees separately)		п	<b>s</b>	
	Other Expenses (identify)		П	s	
	Total		<b>2</b> 1	s_	225,000.00
			<b>17</b> )		

	C-OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	<b>学生的情况</b>
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gross		s_2,801,175.06
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for archeck the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[		
	Purchase of real estate	<del></del>	s	. 🗆 \$
	Purchase, rental or leasing and installation of mac	chinery		
	and equipment			
	Construction or leasing of plant buildings and fac-	cilities		. 🗆 <b>s</b>
	Acquisition of other businesses (including the valoffering that may be used in exchange for the ass		¢	<b>□</b> \$
	<del>-</del> -			_
		<del>-</del>		
		and Working Capital [		
			] <b>S</b>	. 🗆 <b>s</b>
	Column Totals			<u> 2,801,175.06</u>
				,801,175.06
* 1º	Carrow Market Ma	LCD. FEDERAL SIGNATURE	アルルルールの 神経、中部の発生 1月、中の一般で	學學學出
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	rnish to the U.S. Sequrities and Exchange Commiss	sion, upon writte	
Issı	er (Print or Type)	Signature	ate	
Tre	ad Corporation	tankt	September 9, 200	8
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Pai	ıl Laud	Vice-Chairman and Secretary		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

产金		E STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 pr provisions of such rule?	resently subject to any of the disqualification Yes No
	See	Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice is filed a notice on Formed by state law.
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information furnished by the
4.	limited Offering Exemption (ULOE) of the st	sucr is familiar with the conditions that must be satisfied to be entitled to the Uniform tate in which this notice is filed and understands that the issuer claiming the availabilitying that these conditions have been satisfied.
	er has read this notification and knows the conte horized person.	ents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (I	Print or Type)	Signature Date
Tread C	orporation	September 9, 2008
Name (I	rint or Type)	Title (Print of Type)
Paul La	ud	Vice-Chairman and Secretary

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

地上				A	PENDIX				正及业	
1	2 Intend to sell		3  Type of security and aggregate			4		under Sta (if yes,	ification ate ULOE	
	investor	ccredited s in State -Item 1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		_								
AR										
CA										
со										
СТ		✓	\$3,026,175.06	1	\$203,118.88	0	\$0.00		✓	
DE										
DC										
FL										
GA										
н										
ID.										
IL.										
IN										
IA										
KS										
KY										
LA									!	
ME										
MD								ļ ļ		
МА										
MI										
MN							_			
MS										

		1		APP APP	ENDIX:	CEE TO THE STATE OF THE STATE O			
1	Intend to non-a investor	1 to sell accredited in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо									
мт									
NE									
NV									
NH									
ŊJ		1	\$3,026,175.06	2	\$177,729.02	0	\$0.00		1
NM									
NY									
NC									
ND									
ОН									
ок									
OR									
PA		✓	\$3,026,175.06	1	\$1,262,500.00	o	\$0.00		✓
RI									
sc		✓	\$3,026,175.06	1	\$76,169.58	0	\$0.00		✓
SD									
TN									
TX									
UT									
VT									
VA		✓	\$3,026,175.06	4	\$1,306,657.58	0	\$0.00		✓
WA								-	
wv							<del></del>		 
wı									

Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana	ation of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY			,				-		
PR									